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## Original Articles.

#### PROVOKED ABORTION OR PREMATURE DELIVERY.

BY ALBERT WHEELER, M. D., SAN FRANCISCO, CAL.

Provoked Abortion or Premature Delivery is where it is induced designedly, in view of either a criminal or laudable object. In law the term abortion is applied to the expulsion of the fœtus at any period of pregnancy. Penal Code California, Sec. 274: "Every person who provides, supplies, or administers to any pregnant woman, or persuades any such woman to take any medicine, drug, or substance, or uses or employs any instrument or any means whatever, with intent to procure the miscarriage of such woman, unless the same is necessary to preserve her life, is punishable by imprisonment in the State prison not less than two nor more than five years. If a person intending to procure abortion does an act which causes a child to be born so much earlier than the natural time, that it is born in a state much less capable of living, and afterwards dies in consequence of its exposure to the external world, the person who by his misconduct so brings the child into the

world and put it thereby into a situation in which it cannot live, is guilty of murder."

Regina vs. West, 2 Car. to Kirk, 784, Sec. 275: "Every woman who solicits of any person any medicine, drug, or substance whatever, and takes the same, or who submits to any operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless the same is necessary to preserve her life, is punishable by imprisonment in the State prison not less than one nor more than five years."

Books abound in discussions in reference to the propriety, morality, or humanity of inducing premature delivery, in which I have no inclination to engage, and do not propose to indulge. When the necessity arises, from a contraction of the pelvis, unavoidable hemorrhage, or any cause that threatens the life, or tends to compromise the safety of the woman, there can be but one opinion in regard to the duty of the practitioner, and that is to pursue such a course as will secure her against the menaced danger and at the same time protect the life and well-being of the unborn feetus as far as practicable; but I can conceive of no instance when her life, vigorous in health, and valuable in its relations and surroundings, should be put in jeopardy to save its life, when there is no certainty but it may perish with hers.

Abortion is now accepted as an obstetrical operation, and since 1756, has received the sanction of nearly all the practitioners of Europe and America. In that year there was a consultation of the most eminent physicians, at that time, in London, England, to consider the advantages that might be expected from the operation. The proposal met with formal approval, and was shortly afterwards carried into practice. the continent it was long before the operation was sanctioned or practiced, although recommended by some of the most eminent German practitioners, it was not actually performed until the year 1804. In France the opposition was long continued and bitter, many of the leading teachers strongly denounced it. The objections were chiefly based on religious grounds, but partly, no doubt, on mistaken notions as to the object proposed to be gained. It was authoritatively ruled by the Theological Faculty of Paris that the destruction of the child in any case

was mortal sin. This dictum of the Romon Catholic Church had great influence on the continent, more especially in France. Although frequently discussed, the operation was never actually carried into practice until the year 1831, when it was performed with success. Since that time opposition has ceased, and it is now employed and highly recommended by the most distinguished physicians of the French school.

The first step to be taken in the work under consideration, is to fortify ones self against all possible suspicion by securing the moral support and, if need be, the legal testimony of a trustworthy colleague. The next step is to gain the free and unconditional consent of the woman. It is for her to decide the question, after being fully informed of probabilities of success on the one hand, and the possibilities of danger on the other, whether she will submit to the necessary treatment or not.

Various drugs have been employed from time to time to bring on artificial labor, among these may be mentioned ergot, borax, cinnamon, tansy, savine, cotton root. These are all unreliable, and no intelligent practitioner will think of relying on the uncertainty of any drug or nostrum, however much its properties may be extolled, or the certainty of its action asserted; for there is no drug known which, of itself, in nonpoisonous doses, can be depended upon to originate uterine contractions, yet it is of daily occurrence that poor, heart-broken women, oppressed with poverty and cursed with unkind and brutal husbands, at the prospect of additional family cares are drugging themselves to death with every nostrum rapacious quackery may offer, or gossiping friends recommend, with the hope of falling upon something, eventually, that will relieve their present or prospective troubles. The result is usually the same: disappointment, impaired or ruined health; and not unfrequently, death itself. I have never seen one who had suffered from abortion or miscarriage, where the intra-uterine membrane were not left in a sore and abraided state. raw surface 'not only causes hemorrhage, but becomes the centre for the development of serious ulcerations, polypoid and fibrous growths, and such scrofulous and cancerous affections as the patient might have a constitutional predisposition to develop. I must not forget to mention one serious result of the evil under consideration, it is a slowly increasing engorgement and hardening or induration of the uterus, in consequence of the internal inflammation, with morbid deposit, which, after long years, most likely at the menopause, crops out into active and fatal forms of disease. There are other results of abortion rarely attributed to their real cause. I refer to the after effects upon the nervous system. I have known paralytic symptoms, more or less marked, to show themselves ever after; other instances where the pulse never again beat naturally; others where the sense of weariness was never afterwards lost; others where any sudden disturbance, mental or physical, would bring an uncontrollable sense of faintness and exhaustion.

There is an obstetrical maxim that it is well should be borne in mind, which is, that no medicine can affect the safety of the fœtus, in utero, without jeopardising the life of the mother. Abdominal friction, tittilation of the os uteri, hot rectal, and vaginal douches, electricity, injections into the uterus of either air, water, tar water or carbonic acid gas. These methods have all had their advocates, and have proved themselves slow and unreliable, and some of them are exceedingly dangerous. only plan of inducing abortion or premature delivery that is entitled to any confidence as being sure and unfailing, is the mechanical interference, either directly or indirectly, with the integrity of the ovum. The first means I shall notice, of acting directly on the ovum, is catherization of the uterus, which is tolerably certain. First, a hot antiseptic vaginal douche is given, then a new elastic catheter is introduced above the os interum and pushed slowly upward between the membranes and the uterus, the index finger guiding it and separating the lower segment of the ovum from the uterine walls. The success of this operation is owing to the irritation at the neck, caused by the introduction of a foreign body in the uterus. Simpson's method of inducing labor is by passing the uterine sound within the os and up towards the fundus, and, when it has been inserted to a sufficient extent, moving it slightly from side to side, uterine contractions are induced with certainty and ease but it is impossible to tell what time may elapse between the commencement of labor and the operation, which has to frequently be performed more than once. Another method is to pass an elastic catheter between the membranes and the uterus until it reaches the fundus, when the end can be turned to the ovum and brought in contact with the membranes, which will readily yield to the movement necessary to secure their laceration. The stilet is now withdrawn, the liquor amini escapes only in sufficient quantities to excite uterine contraction, and at the same time enough is retained to protect the fœtus from excessive pressure.

Artificial dilatation of the os uteri was first practiced by Klugo. He was in the habit of passing within the os a tent made of compressed sponge, and allowing it to dilate by imbibation of fluid. If labor were not provoked within twenty-four hours he removed it and introduced a fresh one of larger dimen-The tent is taken by the base, in a pair of long curved forceps, and conducted up to the os uteri where it is inserted and gradually pushed into the cervix, assisted if necessary by a partial rotary motion. The fore finger of the right hand serves as a guide to the tent, while the forceps carrying it is held by the left. It should be held there five or ten minutes, and the vagina tamponed, the whole to be retained by a T bandage. This plan denudes the cervix of its epithelium, and is apt to lead to septic infection. Barnes' bags are of great use in many cases in which artificial dilatation of the cervix is They consist of a series of india rubber bags of necessary. various sizes with a tube attached, through which water can be They should never be distended with air, as rupture injected. of the bag in that case might be speedily followed by death of the patient. There is a small pouch fixed externally on the bag, in which a sound is placed, and the bag is carried into the uterus and injected with warm water. Its pressure usually starts up uterine contractions, which dilate the cervix. Forcible dilatation may lead to cervical laceration.

It will be seen that no one of the preceeding methods is entirely free from objection. My plan is this, in the early weeks of pregnancy, dilatation of the cervix and the introduction of the curette into the cavity of the uterus, scraping or dislodging the ovum. In the embryonic and fœtal variety I first cleanse the vagina, vulva and anus with hot carbolized

water, then saturate a sponge with the bichloride solution (1 to 2000) and fill the vagina with the solution. I follow this with the introduction of an elastic catheter between the membranes and the walls of the uterus, packing the vagina with iodoform In many cases labor is excited in a few hours. process is delayed, at the end of twenty-four hours the tampon should be removed and the vaginal douche repeated. dilators should then be employed until the uterus is fully dilated and the contents removed with the finger, forceps or curette-Owing to the dangers of inflammation and septicemia the uterine cavity should be washed out with carbolic acid solution or a weak bichloride solution (1 to 6000). All soiled and wet clothing should be removed, she should be washed with warm water and wiped thoroughly dry and lifted carefully into the place she is to occupy; the room should be darkened and absolute stillness enforced. Belladonna and arnica should be administered. Every morning the external parts should be washed carefully, and twice daily the vagina should be syringed with warm carbolized water, at a temperature of 104 to 106 F.

#### THE IODIDE OF ARSENIC IN PHTHISIS.

By J. C. MORGAN, M. D., PHILADELPHIA.,

I was much interested in the paper by Dr. W. H. Stiles, of San Bernardino, California, on this subject. I asked him for more details, and he has kindly furnished them; I forward them to you.

Dr. W C. Goodno, of this city, some eighteen months ago, contributed a paper to the *Hahnemannian Monthly*, in which he discussed the use of *chininum arseniatum* in Phthisis. This may well be read, in comparison, as it has also proved its value.

I will, without further comment, now present a resume of the symptoms cured, or benefited by Arsenicum iodatum, by Dr. Stiles, followed by his own additions.

IODIDE OF ARSENIC.—Phthisis, with consolidation of the pulmonary apices; cavities; laryngitis; aphonia, of various

degrees; tight cough; short breath, on slight exertion; hæmoptysis; expectoration—muco-purulent; salty, or sourish; cough is sometimes incessant. Emaciation; offensive diarrhœa.

All discharges are excoriating; hence, soreness of lips, anus, etc. Loss of appetite; hectic fever; profuse nightsweats; great intensity of all symptoms; blood-poisoning; degenerations; exhaustion; constant fear and anxiety. Relapses, after la Grippe

DEAR DR. MORGAN: I have your favor of the 18th inst. at hand, and in reply will say.

The arsen. iod. I generally use in the 3x trit.; usual size powder. If I am giving it alone, I sometimes give it as often as two hours apart. From that to one dose a day. Have thought I have had good results from the 2x trit. Various drugs have, as occasion seemed to require, been alternated with arsen. ioda. They were: bry. phos., ant. tart., kali. b., puls, etc., (more frequently than others).

While arsen-iod. was sometimes prescribed empirically, the remedies with which it was alternated were given according to the characteristic symptoms of the particular drug as indicated in each individual case.

There may be something in locality or reasons that governs this matter, but it seems as though one of the several remedies mentioned was called for in most of the cases.

I was satisfied that each of these drugs did better work while given with arsen. iod., than by themselves, and think it because of the beneficial action of the latter, in a general way upon these rapidly advancing cases of phthisis.

The "reasons" for giving these other remedies I will state briefly, although I cannot hope to offer you anything new.

Bry. 3x dil. Pain in chest, increased by cough and deep inspiration. Severe headache, worse from cough, etc.

Phos. 3x. dil. Tightness in chest, dry tight cough, materially increased by cold air. Hoarseness. In some cases of diarrhoea it was valuable aid. No luck with it in hemorrhage.

Ant. tart. 3x trit. was a good friend in these cases. So many were of a catarrhal nature; was often called for and worked well. A loose rattling cough, profuse expectoration. Sometimes cough until they gag; at times shortness of breath, resembling asthma.

Kali b., 2x and 3x trit. Another stand by. Expectoration yellow, heavy, sticky, etc. More profuse in morning.

Puls. 3x. In rapidly advancing cases in females. Menses scanty or suppressed, and diarrhoea present.

This was not prescribed as often as some of the others, but with above conditions, and in puls.; subjected it was quite a help.

Of course, other drugs were used, but I have given you those called for most frequently. An occasional drug or two or aconite 2x. when fever was high; patient restless, anxious, and "all to pieces;" would quiet patient and reduce fever wonderfully; and a few times seemed to control in a marked degree rather bad attacks of hemorrhæges.

For passive hemorrhage from lungs acalypha Ind. 2x dil., or millefolium would control them nicely. In severe cases of hemorrhage, nothing would seem to check it as well as ergot.

One feature I have remarked in the last two years. The larger percentage of profuse hemorrhæges in the cases of phthisis met with.

Gels. O in appreciable doses was sometimes a potent factor in reducing a high temperature.

Sometimes the arsen, iod. was given in alternation with another, two hours apart; or may be, a dose night and morning; and the other remedy given every two hours during the day.

This last fall and winter, La Grippe was even worse, here, than the two preceding years; and I think it brought to us in this section, a larger number of cases of phthisis than any one season before, and from a further use of arsen. iod.

I am prepared to state that it has held its own, in my estimation at least, as a splendid remedy in consumption,

#### STRICTURE OF THE OESOPHAGUS.

BY O. W. SWAYZE, M. D., SAN FRANCISCO, CALIFORNIA.

In looking over the surgical works of the time, I am astonished at the dearth of information regarding stricture of the oesophagus. Of pathology there is some, of treatment comparatively little. Too often the prognosis is given as unfavor-

able. I wish to relate my experience in the treatment of such cases. I have but four cases to relate. Two spasmodic, and two organic. One of the organic due to carcinoma, the other to simple adhesive inflammation.

Case 1. Mr. E— A small man, aged 40, came under my care from one of the mineral springs for which this country is so justly celebrated. I found him lying on the bed, suffering because he "could get no food into his stomach." The food would descend as far as the cardiac end of the oesophagus, and there remain until expelled, about an hour after eating. He would simply spit it up, there was no exertion whatever. The trouble was caused some years before by drinking from a very cold spring while overheated. There was considerable fever and inflammation at the time. Since then he has been growing gradually, but steadily worse. There are times when he is comparatively free from trouble, which symptom nearly led me into the mistake of making a diagnosis of spasmodic stricture.

He was very much constipated, the stools being like little round balls, or as he expressed it, "like sheep dung." There was much colic, and pain in the abdomen. A burning sensation in the stomach. The oesophagus was dilated above the point of stricture to a degree simply incredible. The dilation was capable of holding a pint of fluid, and could be readily determined by filling the oesophagus with water and palpating.

I wish to notice here, a peculiar symptom, which was present in no other case, namely, a sensation of hunger.

Now, I am a firm believer in homœopathy, but I also believe that there is something besides.

The homoeopathic drug systematically, not pathologically prescribed, is the *ultima thule* of internal medication.

I prescribed plumbum 6x, 2 grains every three hours. Now I am persuaded that had I been content with the remedy alone, there would have been an autopsy.

Enemata of hot beef tea, milk, etc., were administered, per rectum, every three hours. A hot compress was placed directly over the seat of stricture.

The patient passed a very comfortable night, nothing however passing into the stomach. The next morning, I manufactured an electrode which was to say the least, original. The bulb of a bulbous steel urethral sound, was securely fastened to a piece of insulated wire. The only objections I have to that electrode to the present time, are, its beauty (?) and suppleness, it would bend on mere suspicion of a stricture.

This electrode was attached to the negative pole of a two cell Faradic battery, and inserted through the oesophagus, to the point of stricture. The positive pole was placed outside directly over the negative. Slight pressure made upon the electrode, no results. The poles were then reversed, the positive placed in the oesophagus, and the negative outside. Slight pressure was made, and the electrode passed into the stomach. The strength of the current was regulated by the patient's feelings. The current was continued for five minutes, the electrode was then withdrawn, and a small quantity of oil was swallowed, and the patient told to return on the following day. Same directions in regard to the enemata and medicine.

The next morning he reported himself much better, was able to eat some soup, the first nourishment which had entered his stomach for nearly two weeks.

The treatment of the day before was again repeated, using the same sound and following it by a whalebone bougie.

Each day the electricity was used, each week the size of the electrode was increased, and by the end of the third week, he could eat a fair meal, and had increased in weight from 120 to 140 pounds.

In three months he was comparatively well, and has remained so until the present time, now nearly four years.

Case 2. Organic stricture, due to carcinoma. Mrs. R—aged 30.—Previous history.—Was always a healthy girl, until about two years ago, when she began to have symptoms of acute gastritis,—pain near the cardiac end of stomach, of a sharp, lancinating character,—a sense of distress whenever food was taken into the stomach, which always ended in a burning pain, and the spitting up of a watery, brackish fluid, mixed with blood.

These symptoms were always aggravated during the menstrual period. Such was the case when she came under my care. As there was no history of previous injury, I was led to believe that it was a case of malignant character. I found an enlargement of the oesophagus extending from the stomach to a point three inches above. There was then little doubt of the malignancy. Treatment.—Of what use was my electrode, which had done such effectual service in other cases, here?

Was it rational treatment to try to absorb this growth by electricity?

In every case of cancer in which I have used electricity I have only found the growth stimulated, to a more rapid development. When all other hopes fail, we have a "sheet-anchor" in homeopathy.

Phosphorus 30x, was administered in water three times a day. I chose phosphorus, because of the sharp, lancinating pains, the watery, brackish discharge, and the aggravation of the pain by taking cold fluids, or food into the stomach.

The patient was nourished by rectal enemata, only a small quantity of hot milk being taken into the stomach at regular intervals.

After three days, the pain had completely changed in character, and the discharge had decidedly decreased.

She now complained of a burning pain, as if a red-hot coal had been swallowed, and was lying at the cardiac end of the stomach.

The same remedy, however was continued, for three days. At the end of that time she remained about the same.

Arsenicum 30x, 2 grains, three times a day. The rectal enemata, and diet of hot milk was continued. At the expiration of two weeks the burning pain was entirely gone, except immediately after taking food. The rectal enemata were discontinued, and a small quantity of hot milk, beef tea, and other liquid foods was administered by the mouth every two hours.

Recovery was rapid, but not complete, but she remained free from pain and distress for two years, when she removed to another State. She was extremely emaciated at first, weighing only 110 pounds, but when she left my care, she weighed 145 pounds.

Case 3. Spasmodic stricture, due to nervous dyspepsia. Mr. H. K.—Aged 45.—Was on his way to a noted surgeon "to be cut open," as he expressed it, upon being introduced to me, he asked my opinion of his case. I told him that I thought an operation was unnecessary. Glad of an excuse of not being operated upon, he asked me to undertake the treatment of his case.

The history was as follows:—Four years ago he noticed a slight distress after eating. This distress increased each day until all the phenomena which are common to acute nervous dyspepsia, were reached. He now complained of an immense amount of gas or wind in the stomach. Stomach feels as if it would burst. Extreme difficulty of deglutition. He cannot swallow anything into the stomach. The food lodging about three inches above the stomach, soon to be re-gurgitated.

He was very nervous, would talk in a high tone of voice, and very excitedly, keeps moving about, and when sitting still, constantly moves his hands and feet. Eructations of gas were very frequent, and pronounced.

My chief reasons for diagnosing spasmodic stricture, were, first, there was no history of previous inflammation, and secondly, when food passed through the epiglottis, there was a contraction of the cardiac end of oesophagus synchronous with the contraction of the epiglottis. There was comparatively little dilatation, but considerable soreness when food passed the seat of stricture, which was not very frequent. Constipation was present in a marked degree. There was present no sensation of hunger.

TREATMENT:—My old electrode was again brought out, thoroughly cleaned, and pressed into service. Each day the electrode was passed into the stomach, followed by the whalebone bougie.

After each treatment, food would pass into the stomach with comparative ease, and little discomfort.

Gelsemium, was the remedy chosen. Under that remedy we find, dysphagia, paralysis of the organs of delugtition. Painful sensation of lump in the oesophagus. Burning in the oesophagus, oppression, and fullness in the stomach, worse from pressure of the clothing.

The remedy was continued for three weeks, when he was given carbo. veg. 6x, which completed the cure of the flatulency.

In a month he was able to eat a hearty meal of solid food, and in two months was discharged, shall I say cured? No—because he is liable to attacks of dyspepsia, which will arouse the old nervous trouble, but with moderate attention to diet and regime, and above all the Homœopathic Remedy, the attacks will be comparatively few and light.

Case 4.—Mrs. D. Aged 35.—Mother of three Children.

I was called hurriedly in one day, and found patient suffering from a profuse diarrhoea, and inflammation of the bowels. The stools were extremely watery, yellow and offensive, and very corrosive. Severe pain in back. Tenesmus along sacrum. Abdomen very tender to touch. Extreme soreness in ovarian region.

Pulsatilla, 6x, was administered every three hours together with a light diet of rice and milk.

The next morning, I found the patient very much better, and in three days was able to sit up.

She now complains of dysmenorrhoea, and after the periods, severe leucorrhoea. Discharge, white and profuse, acrid and thick. At the same time, a sense of discomfort, which amounted to positive pain on swallowing, or attempting to swallow. The throat was very dry, with burning in the oesophagus. Spitting up of mucus which at times was quite cold. Food was scarcely swallowed, when it was thrown up again. Weakness across back. Must lie down on least exertion.

I prescribed, phos. 6x, because the above symptoms are almost an exact picture of the action of phosphorus.

In a few days all the symptoms pertaining to the oesophagus were much ameliorated, but the leucorrhœa still remained. I was not content, so I made an examination of the genitals, and found a multiple larceration of the cervix. The external os was ulcerated to a great degree. The position of the uterus was normal.

I immediately commenced work upon this diseased organ, cleansing and healing the ulceration, and after two months, performed an operation, sewing up the cervix.

Recovery from the operation was rapid and complete, and soon with the administration of the phos. 30x, the patient was well, remaining so to the present time, (three years), having at menstrual periods slight trouble, which is quickly relieved by phos. 30x.

There undoubtedly existed here a spasmodic stricture. The causes hidden were but certain. The diarrhœa must have been due to lack of nourishment, for the patient was in straightened circumstances. I have found pulsatilla an excellent remedy in such cases.

Now a few words in regard to the general treatment of stricture of oesophagus, and the especial value of the Homœopathic remedy; and electricity.

Rectal alimentation is absolutely necessary during the earlier stages of the treatment of organic stricture. They must be frequent; bland, and of small quantity. Care must be taken that the enemata are carried well above the rectum. They will be better borne, if the patient is lying down, during their administration. Do not allow any food of a solid nature to be swallowed, and if fluids cause an irritation, stop them. Cold baths just before retiring, will promote a healthy sleep, which will aid much in the final recovery.

The field of electricity, is one which is comparatively new. A tyro is hampered by cheap and uncertain Batteries. A knowledge of the different poles is absolutely necessary. In all my cases I have always used the positive pole directed to the stricture. I have always used the faradic current, having in no case of Stricture of the oesophagus received any benefit from the use of the galvanic current.

The galvanic current is Homœopathic, to the discharges from mucus membrane, and is especially beneficial in the treatment of Leucorrhœa.

In stricture of the oesophagus, let the current be pleasant, never painful, continued from twenty to thirty minutes, applying the negative pole over the entire oesophagel tract and stomach.

In the organic variety, I always begin with a number 16 American size, urethral sound, increasing gradually to a number 38.

The spasmodic variety will readily yield to a larger electrode, number 22 or 24.

To insert the electrode, have the patient sit with the head well thrown back, use no force, but direct the patient to swallow, and at the same time a little pressure, and the sound will readily enter the oesophagus. Oil the sound with vaseline, or other lubricant. Though oil is a non-conductor, it will usually be scraped off during the passage of the sound to the stricture.

My experience has been very favorable to a yielding or pliable electrode, so that should the patient throw his head suddenly forward, the electrode will not injure the throat or epiglottis. A pliable electrode will bear sufficient pressure to conquer the stricture. Do not make continual pressure in one place, but slowly pass the sound up and down until it becomes grasped by muscular contraction, wait a few minutes, and it will readily pass through.

Pass the electrode every day, increasing the size each week. Follow every third day by the whalebone bougie. The electrode will always be well borne where the whalebone bougie is intolerable.

There are cases in which extreme measures are necessary, but they are comparatively few. In such cases the oesophagatome of Professor Sands' will be found the most serviceable.

The operation of gastrotomy is more frequently required, especially during the acute inflammation, from poisons or any traumatic causes. Also when a neoplasm fills the entire oesophagus.

This operation will give the organ complete rest. But I cannot conceive of the necessity of such a procedure in chronic organic stricture or in the spasmodic variety, simply because in organic stricture, the patient will die before the parts are grown together, so that they cannot be dilated by the proper use of electricity.

In case 1, I had almost resolved to resort to gastrotomy, but the relaxing influence of the remedy, and hot applications, together with perfect rest from eating, rendered such a procedure unnecessary.

In case 3, I am persuaded that the remedy had much more

to do with the curing of the case, but the electricity acted as a nerve tonic, stimulating the nerves to a regular action, and moreover had a soothing mental effect, causing him to believe that something was being done for his relief and cure.

In case 4, the remedy (phos.) alone would not have completed the cure. But after the chief cause of the trouble was removed, the remedy soon relieved the effects. I cannot but believe that the effects would have been more lasting had the remedy been omitted.

The use of electricity does much; the homœopathic treatment completes the cure.

Results the most unexpected will occur from the use of the properly selected remedy.

Never try to hurry a case by the use of extreme low potencies, it cannot be done, or at least I have failed to do so, after a careful and long continued trial.

The remedies most commonly used are, arsenicum, baryta carb., calc. carb., mercurius, natrum sulph., phos., plumbum and silicia, for organic stricture.

For spasmodic stricture, bryonia, conium, cicuta vir., gelsemium, hyos., ignatia, lycopodium, nux vom., pulsatilla, sulph, etc.

If you practice homœopathy, do it in a manner that is fair and open to the cause. Remove all possible mechanical bars to the free action of the remedy.

It is impossible for medicine to act upon and overcome mechanical causes. Don't sit down and wait, but be alert to catch every symptom bearing on the case, however remote. Because if you wait, you will only suffer the chagrin of having some "regular" brother, who perhaps finds no other organ in the body than the womb, treat your case to a successful termination, much to the detriment of homoeopathy, and your own personal feelings.

Mecur. præc. ruber. Suffocative fits at night on lying down while on the point of falling asleep; obliging to jump up suddenly, which relieves.

Magnes. carb. Females who get sore throat before menses; menses too late and scanty.

#### PHYSIOGNOMY AND PREGNANCY.

BY C. C. J. WACHENDORF, M. D., SANTA ROSA, CAL.

Miss S-age 19; not married, living at home, had two allopathic physicians who pronounced her case abscess of the liver, saying they could do nothing for her unless she would permit to an operation. The mother objected, and I was called on July 13th, 1892. Symptoms: Very restless, skin dry and hot. Pupils dilated, no appetite, constipated for several days; dyspnœa; burning pain in stomach and abdomen, like if everything was on fire; urine dark-brown, mixed with blood and pus. Very offensive discharge from uterus, like putrid and decaying substance. Temperature changeable from 100° to 105° F. Pulse from 80 to 102. Pains are all periodical, nervous prostration and exhaustion. She is very thirsty, wants cold water but can not assimilate it. Pain in small of back. She told me the catanemia ceased one month ago. (?) Made no diag-Prognosis if present condition is not removed soon, fatal. Treatment: Acon 3x, Ars. 6x, in alternation every hour.

July 14, 8 A. M., same condition. Pain in the abdomen like coals of fire. Constipated for several days, temperature 103° F.; pulse, 90. Respiration labored; face flushed; irregular and nervous look. I asked for a physical examination, but both child and mother would not permit at first. Upon explaining the necessity of it the mother was willing, but the child still refused. The urine discharge was so offensive that I noticed it. As much as I could see and feel through the blankets her abdomen was of normal size. Diagnosis: Septicæmia. Continued the ars. 6x every two hours.

July 4, P. M., condition worse. I noticed on every visit her face would flush, the restlessness and mutability would increase; the pulsation on coming generally was 80 to 90 and over; on leaving, nearly normal. Acted very quiet; would not speak or answer questions when asked. She acted very secretly in her behavior, which excited my suspicion. I insisted upon an examination, but I was absolutely refused by her. I asked for her to let me see her breasts, but no. Furthermore, I noticed that she was deceiving me in every respect she could and her

mother also. The mother was very much alarmed. What more could I do? How could I make a diagnosis and get to the cause of irritation and remove it? I watched her closely for fifteen minutes, and the longer I had my eyes fixed on her the more restless she got. I said to the mother that I was ready to give my opinion of the case, and if her daughter would not permit a physician to examine her she would die. That I suspected a decomposed feetus in her uterus, and that she had became pregnant over five months ago, and tried to abort the product by strong drugs and did not succeed, and it was now decaying within her uterus. Mother and child became wild over my statement, and I thought it best to vacate the room, and left.

July 15, 1 A. M. Some one was ringing the bell, and I was wanted right off to see my case again. Upon arrival the mother told me, that about an hour ago she made confession, that all I said was true; that four and a half months ago she was ruined by her lover, who promised to marry her, and he sent her the strongest drugs he could obtain to abort the product, but they didn't succeed. I made an examination and with great difficulty delivered her of a half decayed child, which was so offensive that I can't describe it. The mother who assisted me fainted and fell to the floor, and I had to leave the room so foul was the odor, it was worse than any dissecting room ever can be. After ventilating the room I removed the contents; the cord was so soft and rotten that I had to remove it in pieces, and then I worked until 6 A. M., until I had the placenta removed which came out in two pieces. Placenta was worse than the body itself. My hand had the offensive odor for nearly a week afterwards. I used Boericke & Runyon's calendula, 1 part, hot water 3 parts, and used that for uterine irrigation, which removed blood clots and pieces that were left. Gave ars. 6x and carbo veg. 3x alternately every hour, and directed absolute rest.

At 8 A. M., condition much improved, but there was post-partum hæmorrhage present. I packed vagina with absorbent cotton saturated with hot vinegar, and soon had it checked. I recommended the irrigation with the above fluid every hour for four times. Continued remedy.

At 4 P. M., no hæmorrhage; slept well; had good appetite, no discharge; had a passage from bowels. I used clear hot water alone; the reflux was clear, no lacerations; prescribed sac. lac. every two hours.

July 16, still improving; no secondary symptoms present. I gave her good encouragement and good advice for the future, and I saw I made a good impression upon her. With tears in her eyes she asked for me to forgive her for deceiving me, etc., and it should not happen again. I prescribed sac. lac. three times a day for two days and gave her in care of her mother, and left her in a good condition of spirit and body.

August 1st she came to my office and received a prescription for constipation, and stated she had felt good ever since, and she is O. K. up to date.

## Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

#### DISEASES OF THE LACHRYMAL APPARATUS.

Portion of a Lecture delivered by H. C. French, M. D., at the Hahnemann Hospital College.

ANATOMY:—The secretory portion of this apparatus comprises the lachrymal gland, which with the accessory conjunctival glands secretes the tears. It is an almond shaped acinous gland, divided into a larger and smaller lobe by a septum of thin fascia, and located in a small depression at the upper and outer angle of the orbit, just behind the rim. It is concavo-convex, about 20 mm. long, 12 broad, and about 5 mm. in thickness, and empties its ducts through ten to twelve orifices, on the temporal side of the superior fornix. The excretory apparatus commences at the minute puncta or mouths of the superior and inferior canaliculi about one-fourth inch from the inner angle of the eye. The canaliculi eight to ten mm. long, running along the border of the lid, empty by a common orifice into the upper side of the lachrymal sac 12 mm. long, and

lies just beneath skin of face. From the sac the tears pass through the nasal duct, a mucous passage, enclosed in a bony canal formed by the superior maxillary, lachrymal, and inferior tubinated bones, situated between the maxillary sinus and the nasal fossa, and empties into the nose near the point of the inferior turbinated bone, and terminates in a round or oval opening, and sometimes in a minute slit in the mucous membrane. The nasal duct and sac are lined with mucous membrane, with cylindrical epithelium, and continuous with the nasal, that of the nasal passage. The entire length of the passage from the puncta to the nasal outlet is about an inch and a half, and its calibre and course is variable. The sac is easily thrown into folds which often proves a serious obstacle to the passage of a probe into the nasal duct and this locality, and that at the entrance of the canaliculi into the sac will be found the most common points of obstruction.

Physiological Action.—A portion of the tears disappear by evaporation as they spread over the conjunctiva of the globe and lid; the balance, in the normal eye, are drawn through the puncta, and forced into the sac, probably in part by suction, and partly by the action of the muscular fibres surrounding the mouths of the canaliculi. From the sac they are forced through the nasal duct into the nose by the joint action of gravitation, the ciliary epithelium, and contractions of the orbicularis and tendo oculi, closing and compressing the lids; though the exact modus operandi is not fully understood.

EPIPHORA.—[Gr. epi, upon, and phoro, I bear "to rush upon." Stillicidium lachrymarum, [Lat. Stillicidium, dripping; and lacryma, a tear.] "Watery eye."—Is the most common effect of nearly all lachrymal diseases and results from: 1st, Excess or hypersecretion of tears beyond the capacity of the carrying apparatus to bear away. 2nd, Displacement of the puncta—their removal from contact with the globe. 3d, Stenosis or total obstruction of some portion of the lachrymal passage.

DACRYO-ADENITIS (from Greek words meaning a tear and a gland, and Lat. it is infl. (inflammation of the lachrymal gland.)
This is a comparatively rare affection, and seldom acute, though

it may result from injury to the orbit in the region of the gland, or from the effects of cold. The acute form is attended with great tenderness, heat, swelling, and redness of the part, and suppuration and fluctuation soon follow, except in very mild cases which may end in resolution. The swelling is sometimes great, causing a downward and inward displacement of the globe. The pus may point on the lid at the orbital margin, or discharge through the conjunctiva beneath the lid. In either case a fistula is liable to result. The accessory glands alone may be inflamed, in which case the swelling, tenderness and suppuration will be circumscribed. The chronic form is more gradual in its development, and less amenable to treatment; is frequently met with in scrofulous or syphilitic subjects, and is often associated with orbital periostitis.

AETIOLOGY:—The most common causes of inflammation of the lachrymal gland are operations upon, and injuries to the neighboring orbital wall, and cold. The chronic form often results from syphilis, periostitis, and chronic affections of the conjunctiva. It is most common in children of strumous tendency.

DIAGNOSIS:—In blennorrhæa, for which it might be taken, the entire mucous membrane is uniformly affected, while in dacryo-adenitis the inflammation is greater in the region of the gland, diminishing toward the nose. It will be distinguished from orbital cellulitis by its localized pain and swelling, and the downward and inward displacement of the globe. In periostitis there is less swelling, and the pain is referred to the bone surface. On forcibly raising the upper lid and directing the patient to look downward and inward, the swollen gland may be seen protruding between the orbit and the globe.

TREATMENT:—For the acute form a judicious use of aconite, fer. phos. and hepar high, together with iced compresses may secure resolution. If suppuration is inevitable, hepar 2d or 3d should be given, and warm poultices of flaxseed meal should be applied till pus is formed when the abscess should be opened. In the chronic form aurum, calc. fluor., kali iod., and silicia may be necessary, especially if the periostium is involved, and for induration of the soft structures, phytolacca. In case of

cancerous affection of the gland exterpation may be found necessary. The gland may become chronically hypertrophied, or the seat of various morbid neoplasms, as sarcoma, carcinoma and cystic degeneration. Dacryops.—(Gr. Sakpuor, a tear, and to 4, eye,) is a small, painless elastic tumor, which upon eversion of the upper lid, protrudes in the form of a bluish bladder-like cyst, increasing and decreasing with the secretion of the lachrymal gland. It is due to obstruction and distention of one or more of the lachrymal ducts. The treatment consists in excission, or the passage of a ligature through the base of the tumor, tying it, and leaving it until the wall is cut through. Or a better method would be the careful employment of the galvano-cautery.

### Editorial Notes.

DR. GEORGE M. GOULD, of Philadelphia, has joined the long and honorable list of practical jokers; and at this writing bids fair to take a position pretty well toward the top. He has offered a prize of one hundred dollars for the best essay which will show up, in plain language, the "ridiculous pretentions of modern homœopathic practice." This is not to be done in a careless, easy-going, semi-comic vein, but "historically and actually." The language of the essay must be plain; the essay itself must be type-written and contain not more than fifteen thousand words, and must be sent in by January 1st, 1893. The successful essay will be used for general distribution.

There is so much fun to be had in this world at a trifling expense that it gives one the blues to consider how few of us have the genius to see the abundant opportunities lying all about us for enjoying a good time at somebody else's expense. Dr. George M. Gould does not belong to these unfortunates; he has seen and struck a rich vein where millions of others have idly passed, seeing nothing. For a mere pittance he expects to set to work—and he will do it—hundreds of idle brains and now lazy pens, grinding out funny things at the

expense of homoeopathy. The task will keep these aspiring writers out of mischief for a long time; it will beget in them aspirations of a high order; each of them will dream himself famous, laurel-crowned—and the possessor of a hundred bright new dollars. What matters it that only one chap can get the prize? Each aspirant—while, with the aid of all his cousins and his aunts, he invents the nom de plume which is to grace the winning essay—chuckles at the sure disappointment of every other fellow; poor fools they.

One serious drawback is the limitation to a paltry fifteen thousand words. Once started on a lively theme, why not permit an espirant to fame to throw in a few thousand extra? It is so difficult to stop short when the subject is fascinating, and the train of thought well started.

Dr. Gould is more than generous; he is utterly forgetful of self; he is willing to be sacrificed; nay, he *insists* upon it. What of a hundred dollars when the good of humanity is concerned! In the mean time, while the dear man is getting a good bit of free advertising, the victims of his wiles are rushing about the neighborhood, trying to borrow enough cash to pay for the type-writing. Alas, after all, it is well the essayist is limited to fifteen thousand words, else the difficulty of getting it copied would be insurmountable.

One party to the contract deserves to be pitied:—the unfortunate committee who are to award the prize. What misery there is in store for them can only be appreciated by a tender, sympathetic soul who has been through a similar trial. Ten chances to one the committee, if honest, will become crazed, and embrace homoepathy.

Dr. Gould, of Philadelphia, is a practical joker and a shrewd business man, yet proves himself a man of a trustful, confiding nature. He never presumes that his proposition may appear in the light of a very mouldy chestnut to people who know anything of medical history and of previous attempts to show the fallacies and ridiculous pretensions of modern homeopathy. He thinks other people as simple-minded and ignorant as himself, and hugs to his heart the belief that he has shown originality and brightness where he is really making an ass of himself.

UNLESS published reports of the recent annual meeting of the International Hahnemannian Association are utterly unreliable and do great injustice to the learned men there assembled, it would have been with a journey across the continent to listen to the discussion had on the treatment of tubercular phthisis. It is many a day since such a lot of nonsense has been palmed off for wisdom under the guise of medical learning and clinical experience; and Dr. Fincke's pleading to omit from the printed proceedings the remarks made under this head, finds an echo in the heart of every lover of homeopathy and good sense.

Dr. Sawyer stated that he has given phosphorus in a high potency in quite a number of cases of tuberculosis where it was absolutely the similimum, and in every instance it killed the patient instead of curing him. Dr. Haynes advised his associates to shun phosphorus as they would the devil, for it will kill the patient as sure as it is given. Dr. Carleton, upon the authority of Hering, added sulphur and sulphuric acid to the list of remedies bound to kill, and Dr. H. C. Allen sagely affirmed that the antipsorics cannot be given, without producing fatal results, after the disease has arrived at a certain stage. Dr. Butler capped the climax by announcing that it at times is impossible to give the indicated remedy without killing the patient.

If the statements made by these gentlemen are correct; if they actually gave to their sick the indicated remedy, and that remedy did kill the patient, then the Hahnemannian Association, professedly organized for the purpose of saving genuine homeopathy from destruction at the hands of the American Institute and of the unwashed generally, has with one blow done more to disgrace homeopathy, to make it appear an unreliable, illogical thing, than has been accomplished by all the labors of its bitterest enemies. No amount of sophistry can explain away the proposition that there is left of homeopathy a rag worth saving so soon as it can be shown that the indicated remedy is a failure in its health-restoring mission. What can we claim for ourselves when it can be proved that the indicated remedy actually carries death and destruction in its path.

It is sheer nonsense to talk with Dr. H. C. Allen of giving,

instead of the exactly indicated remedy—in his case referring to the anti-psorics—that vegetable remedy which ranks next in the number of symptoms which it covers; or to propose to Dr. Hayes to give the next best remedy according to the symptoms.

If homepathy is true, there is only one indicated remedy in each case. No compromise can be entertained here; and in view of the extravagant claims of special knowledge of the principles underlying homeopathic practice and materia medica pura, to say nothing of the marvelous cures claimed to have been performed by our purist friends, any statement to the contrary should in them find its most unrelenting opponents. All homeopathists, regardless of their position on matters of minor importance, are bound to admit that the power of the indicated remedy to cure the case to which it holds the homeopathically curative relation constitutes the very corner-stone upon which all else rests. Show it to be false, or even unreliable, and we, as a school, dare no longer claim the right to exist.

But, are the statements made correct? We believe they are The sincerity of the men who made them is not to be not. questioned, for they would not bite off their own noses for the mere fun of the thing. Where, then, does the trouble lie? Simply in the stubbornness with which some men refuse to consider all the surroundings and features of each separate case, and to assign to each of the many active factors at work its proper place as a determining cause of the recovery or death of a patient. Practitioners who in every change in the patient's condition see only the action of the remedy prescribed, and who seriously maintain that China 40,000, one dose, has checked a postpartum hemorrhage, are quite consistent in their way when they, having vainly prescribed the indicated remedy, hold the action of such remedy responsible for the death of the patient; one position is quite as logical as the other. pity that logic drives them to this extremity, for it must bring with it despair; yet, thank God! there is in the situation the promise of a return to reason and the implied possibility of a willingness on their part to cease attaching to the prescribed remedy greater forces for good or evil than actually belong to The indicated remedy does play a grand role in the treatment of the sick, but it is not all-powerful nor all-embracing—a clinical lesson which some of our purist friends must yet learn. Very sick people do get well when no medicine at all is given; others equally sick recover in spite of the remedies (?) employed; yet others, and especially consumptives, are pretty sure to die, regardless of "remedies or no remedies," simply because it is given to man once to die.

## Correspondence.

#### Disclaimer from Dr. Fisher.

Editors Homcopath:—A clause in the last paragraph of your editorial notes in the August Homcopath does great injustice to Dr. McClelland, President-elect of the American Institute of Homcopathy, and myself. It reads as follows: "If such views (you were treating of the question of age in relation to the officers of the Institute) were shared by a majority of the younger men, we would be spared the humiliating spectacle of seeing bargains for the two highest offices being driven in every corner by men who have every reason to expect twenty-five years more of life," etc.

Since Dr. McClelland and myself hold the two highest offices this censure doubtless refers to us. And since it is wholly undeserved I desire to enter respectful denial and protest to it.

As for myself I can truthfully say that the office to which I was elected came to me without the least solicitation on my part, and no member of the Institute is able to say that I sought his or her vote therefor, or that I did any electioneering or drove any bargains for the office with any one. And I know of my own knowledge that this statement will apply equally well in the case of Dr. McClelland. The only electioneering that was done at the Washington meeting, was by the opponents of Dr. McClelland, who strove hard, for purely personal reasons, to defeat his election, which was generally accepted as a foregone conclusion on the floor of the Institute.

The vigorous electioneering of Dr. McClelland's opponents has been rebuked in several of the journals, notably in the New England Medical Gazette, but it remains for the Homoeopath to have seen electioneering by the "young men" who hold the "two highest offices" as the outspoken gift of their colleagues, when, as a matter of fact, neither of us turned a hand in the contest. In my case there was no contest, the only manifestation to opposition to my election coming from a gentlemen whose electioneering methods, a few years ago, met with condemnation at my hands. It would certainly have been in bad taste for me to have pursued like methods, as is suggested by the clause referred to.

I am sure the Homoeopath would not do either Dr. McClelland or myself this injustice intentionally, and I attribute the error to misinformation from some outside source, as neither member of your editorial corps were present at the meeting. I am truly glad to be able to say that none of the offices of the American Institute of Homoeopathy are occupied this year by persons who scrambled or drove bargains to secure them.

In justice to President-elect McClelland and myself, I hope you will give place to this communication in your September issue.

Sincerely yours,

San Antonio, August 22.

C. E. FISHER.

#### Personals.

DR. S. H. BOYNTON, of Los Angeles, spent a few days in town last month.

DR. S. S. SALISBURY, of Los Angeles, spent a day or two among us last month, and, we hope, returned to Los Angeles a wiser and better man.

A New Dispensary is talked of somewhere near the North Beach. An excellent idea, as their is no public homœopathic dispensary in that locality. Some of our prominent physicians have promised their support.

THE thanks of the profession of the Coast are due to the firm of Messrs. Boericke & Runyon for a new and complete catalogue of their goods. It is the first and only one of its kind on the Pacific Coast. Those wishing a copy can have one upon application.

THE new announcement of Pulte Medical College has its college flag on the cover; it is a yellow one with a black border. What are the colors and flag of the Hahnemann Hospital College?

OCULISTS' TRIAL CASE. For sale, a Meyrowitz complete trial case. Cost \$55.00; selling price \$25.00. Address Boericke & Runyon, San Francisco.

FOR SALE—Excellent sanitarium property, consisting of four acres of beautiful land suitable for growing fruit, with improvements thereon of fine modern buildings, complete water system, irrigation, sewerage, stables, etc., situated in a most charming locality, with climatic surroundings which are unexcelled in the State. Exceptional educational advantages in the neighborhood, and all within one hour of San Francisco, half hourly train service. The improvements alone on this property cost over \$12,000. A bargain to any one desiring a house or a private hospital or sanitarium. Photographs furnished bona fide purchasers. Address "Business Manager" of this journal for particulars.

#### Book Reviews.

A Text-Book of the Practice of Medicine for the Use of Students and Practitioners. By R. C. M. Page, M. D. New York: Wm. Wood & Co., Publishers.

While the general drift in recent works on medicine, and especially in works on theory and practice, lies in the direction of exhaustive treatises, resulting in various "cyclopædiæ" and "systems," that omnipresent member of the profession, the "busy" and "overworked" practitioner, in spite of fate clings to the old-fashioned and convenient text-book which puts into one fair sized volume all that he cares to know and pay for. It is to meet this latter demand that Page's "Practice" was written. With a fair measure of success the author puts into considerably less than 600 pages the most salient points of medical practice as it stands to-day. Of course, the space used does away with the possibility of an exhaustive treatise on any one subject or even completeness of any one chapter; but the work affords an excellent summary of the most important points which concern the general practitioner, and, from the standpoint of the old-school doctor it compares well with similar publications and is bound to have a good sale.

The July number of that admirable journal, the Hahnemann Monthly, contains a timely article on Practical Empiricism, by Dr. Samuel R. Watson, of lowa City. The article has the true ring to it. He shows up the empirical tendency of our school, by our too ready reliance on clinical results rather than on pure pathogenesy of drugs in our treatment of disease. This empirical tendency is most marked in some of the extreme so-called high potencies, men who constantly prescribe wholly unproved remedies, but in highest potencies. Without denying the result claimed, it is reprehensible practice, as it is a plain departure from the strictly inducive method of true homoeopathy and must end disastrously.

### Clinical Items.

Calcarea in Rheumatism. Ilse Sch. æt. 16, blonde, with large pupils, had suffered during the past year with articular rheumatism for four weeks. At present she has and also for the last four months has had, rheumatic pains, especially in the left knee-joint, which prevents her from walking. These pains are worse on motion, upon exertion, in wet weather. She can lie only on the back, sweats profusely on the head and has a slight

coryza and stoppage of the nose. May 19th, 1889, she received calcarea carb. x. a powder every week. June 17th, reports that she can walk as well as anyone. As she exhibited a dry eruption on the left elbow, the prescription was repeated; she has not since returned.—North American Journal of Homeropathy.

Calcar. Sulph. 6. The best remedy for extravasation of pus within the pelvic tissues unconfined by any pyogenic membrane, or when a pus bag is formed by the rupture of an abscess wall without pus finding an outlet into the pelvic viscera. Patient pale and weak.—B. F. Betts, M. D.

Dioscorea for Lightning Pains. From Dr. John L. Moffitt, Brooklyn. A middle-aged lady, long blind from cerebral tumor (?) and presenting some symptoms of posterior spinal schlerosis, complained for two weeks of sudden, momentarily sharp pains in the abdomen, which made her start and cry out; the pains in the right hypochondrium darted towards the back. R. Diosc. O on pellets in a glass of water, two teaspoonfulls hourly; the pain ceased with the second dose (five days ago).—North American Journal of Homeopathy.

Common Salt in the Treatment of Pleurisy. Shultz, (Deutsch Med. Wochns,, Med. Ztg:) has had ample opportunity to confirm a statement made by Robinson with regard to the efficacy of chloride of sodium in the treatment of pleuritic effusions. In a series of cases of acute pleurisy, a tablespoonful of a one to thirty solution was given every two hours, dry diet being at the same time imposed. Under this simple treatment the exudation diminished rapidly, and the quantity of urine passed was noticeably increased. It is stated that the appetite was improved and that there was an absence of that thirst which would naturally have been expected. The treatment should be restricted to cases of simple exudation, as it is useless in empyema.—New York Medical Journal.

Removal of Warts. Dr. S. C. Dumm, of Columbus, Ohio, extols the virtues of castor oil in the removal of warts. Constantly applied for from two to four or six weeks each day, that

is, once a day, it has not failed in my hands in any case of any size or long standing. The time it takes may try the patience of the user, but if faithfully used they will get their reward in the removal of the wart without leaving any scar. I have used it with some success in other growths, and had benefit enough to merit further trial. It might be a success in the removal of certain kinds of cancer, especially scirrus forms.

Grindelia Robusta. In the secondary stages of bronchitis and pneumonia, we find in grindelia a very useful remedy. In many respects it resembles antimonium tart, in its action. Where we find the loose, rattling cough, the chest seemingly full of mucus, yet so tight or so free the patient is unable to raise, in our hands, it has done most excellent service. It seems to relieve by free expectoration and a quieting of the cough, the lungs or bronchial tubes appearing to become healed of the catarrhal state, as the effect is permanent.

In asthma, grindelia is more useful in the bronchial than in the spasmodic variety.

Not long since I was consulted by a lady from a neighboring state for an eighteen months child suffering with some bronchial difficulty. Numerous physicians had been consulted with but slight relief. While staying in Waverly, Iowa, the baby took a slight cold, and was much distressed. called and found slight fever, difficult breathing, yet not so bad but that the little one was playing about the room somewhat. There was much wheezing in its breathing, dry, rattling cough, still it appeared as if a large amount would be expectorated at each spasm. I prescribed phosphorus to be followed in twenty-four hours by grindelia. I did not see the child again, but the mother wrote me two weeks after her return home that the baby was greatly improved, and almost free from its rattling breathing.

In bronchial asthma of old people I have used grindelia for the same symptoms and conditions as found in this child.

In the spring of 1890, I used grindelia a great deal for the coughs following the "grippe." No other remedy did me greater service. I have also used it topically in the heat rash of summer, uticaria and some eczemas.—Dr. W. O. Clark in North Western Journal of Homeopathy.

### Selections.

#### SURGICAL SAVAGERY.

To the Editors of the New York Medical Times:

The above term may well be applied to what is fast becoming, if it has not already become, a prevailing and pernicious practice of resorting to surgical operations without there being in too many instances either the necessary indications for their performance, or the equally necessary experience and surgical judgment to determine their advisability. This is particularly applicable to the operation of laparotomy, and it is too often distinguishable more for its brutality than for any other commendable feature. Every one knows that there is really no surgical skill requisite in the performance of this, in many instances, cruel operation. It consists simply in cutting a hole in the abdomen of a woman, and violently ripping and tearing from her her ovaries or womb or both. The very simplicity of the operation so far as anatomical knowledge and surgical skill are required, and the absence in the generality of cases of any immediate danger to the patient, have given the opportunity to nascent surgery to flesh its maiden knife and so proclaim its readiness for all surgical undertaking. While it is true that cases may and do arise which demand surgical interference in this direction, yet it is equally true that the lives of many women are needlessly sacrificed to the overweening ambition and desire, particularly among the younger members of the profession, to be called surgeons. Women die when they should not, and would not die but for this meddlesome The science of surgery is designed to save life when all other remedial measures have failed, and when the imminence of death from accidents or other causes make its salutary interference indispensable. The great glory of surgery is what we know as conservative surgery, whose ministrations are never more glorious and beneficient than when they supersede and turn aside the knife. The attention of the profession is gradually being aroused to the truth of what is here stated, and a signal rebuke to what may aptly be called surgical savagery is certainly needed to check this growing evil.

CONSERVATIVE SURGERY.

#### FUNCTIONS OF THE TONSILS.

In an article on the functions of the tonsils published in the *Edinburgh Medical Journal*, Dr. G. L. Gulland draws the following conclusions:

- 1. The tonsils—faucial, lingual and pharyngeal—are organs arranged to further the reproduction of leucocytes.
- 2. This reproduction takes place, mainly in the germ-centers, by mitotic division of pre-existing leucocytes.
- 3. The young leucocytes so formed are partly carried off to the general circulation by lymphatic vessels originating in the tonsil, partly remain in the tonsil as "stationary" cells, and partly wander out into the crypts by perforating the epithelium.
- 4. They thence pass to the surface of the tonsils, and take up foreign bodies, especially micro-organisms, which would otherwise pass the tonsils.
- 5. In the human subject, the lingual and faucial tonsils, and the slight diffuse leucocyte infiltration of the under surface of the velum palati, form a protective ring or zone between the mouth and the rest of the alimentary tract; while the pharyngeal and tubal tonsils and the diffuse leucocyte infiltration of the upper surface of the palate form a protective ring round the upper part of the respiratory tract.
- 6. There is no reason to regard the tonsils as having any absorbent function in normal circumstances; the reproduction of leucocytes is sufficiently active, as a rule, to keep up a continuous outward stream of these cells, and to prevent the entry of foreign substances into the tonsils.
- 7. Under certain circumstances, for instance in general debility, the reproduction of leucocytes may be interfered with, or the outward stream of these cells from the tonsils may be arrested. This arrest or other circumstances interfering with the activity of the leucocytes may allow pathogenic organisms from the mouth, etc., to enter the tonsil by the spaces in the epithelium, and these microbes may give rise to a local or general infective process.

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#### FUNCTIONS OF THE TONSILS.

In an article on the functions of the tonsils published in the *Edinburgh Medical Journal*, Dr. G. L. Gulland draws the following conclusions:

- 1. The tonsils—faucial, lingual and pharyngeal—are organs arranged to further the reproduction of leucocytes.
- 2. This reproduction takes place, mainly in the germcenters, by mitotic division of pre-existing leucocytes.
- 3. The young leucocytes so formed are partly carried off to the general circulation by lymphatic vessels originating in the tonsil, partly remain in the tonsil as "stationary" cells, and partly wander out into the crypts by perforating the epithelium.
- 4. They thence pass to the surface of the tonsils, and take up foreign bodies, especially micro-organisms, which would otherwise pass the tonsils.
- 5. In the human subject, the lingual and faucial tonsils, and the slight diffuse leucocyte infiltration of the under surface of the velum palati, form a protective ring or zone between the mouth and the rest of the alimentary tract; while the pharyngeal and tubal tonsils and the diffuse leucocyte infiltration of the upper surface of the palate form a protective ring round the upper part of the respiratory tract.
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